Drug Administration for marketing in the United States as an anticonvulsant agent in adults. It has not yet received such approval for use in children. Nevertheless, it has been widely used in pediatric practice both in this country and abroad.

Carbamazepine is a tricyclic compound related to imipramine and unrelated structurally to other clinically utilized anticonvulsant agents. Most reports have indicated that carbamazepine is an effective anticonvulsant in grand mal, psychomotor and focal motor seizure disorders. Petit mal seizures are apparently not influenced by therapy with carbamazepine. The major adverse side effect reported has been bone marrow aplasia, but this is a very rare occurrence. Transient side effects often seen include dizziness, diplopia and blurred vision. Urticaria rashes have been noted.

Dosage levels range from 10 to 25 mg per kg of body weight per day in two to three divided doses. The drug is provided as a scored 200 mg tablet. Therapeutic blood levels commonly range from 5 to 15 mg per ml. Frequent complete blood counts are prudent. If the leukocyte count falls below 3,500 per cu mm, use of alternate drugs should be considered.

Carbamazepine is a major new addition to the therapeutic armamentarium of anticonvulsants. Because its sedative effects are less than those of phenobarbital and it does not cause the cosmetic problems phenytoin sodium (Dilantin®) does, it is likely to be used increasingly in the treatment of seizure disorders.

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Laparoscopy in Infancy and Childhood

WITH THE DEVELOPMENT of the Hopkins quartz rod lens system, laparoscopy in infancy and childhood is now practical. The procedure requires general anesthesia with relaxation. The viewing telescope is introduced through the umbilicus, and the resulting scar is usually invisible.

Laparoscopy is most valuable for inspection and taking biopsy specimens of the liver. In addition, if jaundice is present, a needle may be introduced through the liver into the gallbladder, and an operative cholangiogram done as described by Gans; in this way, laparotomy can be avoided and biliary atresia can be ruled out in cases of neonatal hepatitis.

Another frequent indication is lower abdominal pain in adolescent girls when the differential diagnosis includes ruptured ovarian follicle, ovarian cyst, salpingitis and appendicitis.

In cases of intersex it is possible to see and take biopsy specimens of the internal genitalia without the need for laparotomy.

Four series of laparoscopies in infants and children, totaling 167 cases, have been reported without complications.

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Childhood Hypertension

HYPERTENSION IN CHILDREN and adolescents is a subject receiving increasing attention. Until recently, there was little information about the distribution of blood pressure levels in these age groups. However, under the auspices of the National Institutes of Health, blood pressure grids (akin to height and weight grids) have been developed, giving percentiles for the distribution of blood pressure in normal boys and girls 2 to 17 years old. Data for these grids were derived by auscultation in the right arm with appropriately sized blood pressure cuffs and with subjects in the sitting position. Throughout the entire age group the fourth phase or muffling sound was selected to represent diastolic pressures. The grids were developed from studies in more than 11,000 children and will soon be available for distribution.

The National Heart, Lung, and Blood Institute sponsored the Task Force on Pediatric Hypertension (Chairperson, Dr. Sidney Blumenthal) to review the state of the art and to make specific recommendations for health care professionals. The report was published as a supplement to *Pediatrics* in May 1977. Among its recommendations were the following: Blood pressure meas-